Personnel Exposure Form

Incident Name: **Date:**

Location: **Medical Officer:**

Name: **Department:**

1st Chemical Exposure:					Sent to Lab?	☐	Yes	☐	No	
Shipping Name:								UN#:		
Trade Name:								Hazard Class:		
FORM:	☐	Liquid	☐	Powder	☐	Granules	☐	Fog	☐	Mist	☐	Smoke

2nd Chemical Exposure:					Sent to Lab?	☐	Yes	☐	No	
Shipping Name:								UN#:		
Trade Name:								Hazard Class:		
FORM:	☐	Liquid	☐	Powder	☐	Granules	☐	Fog	☐	Mist	☐	Smoke

3rd Chemical Exposure:					Sent to Lab?	☐	Yes	☐	No	
Shipping Name:								UN#:		
Trade Name:								Hazard Class:		
FORM:	☐	Liquid	☐	Powder	☐	Granules	☐	Fog	☐	Mist	☐	Smoke

FOR COMMENT

Activity at time of exposure:
Body parts exposed:
Duration of exposure:
Symptoms or illness (if any):

Treatment: